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**RN16 Health and Healthcare In Europe
In Challenging Uncertain Times**

**Specific Session III: Health inequalities across Europe
Oral presentation**

**Title: Differences between Luxembourg and Portugal in the Life Satisfaction of Stroke Survivors,
two years post-event: The influence of an unequal quality of life.**

Authors:

Michèle Baumann PhD¹, Kàtia Lurbe-Puerto PhD¹ & Maria-Engracia Léandro PhD²

¹Research unit INSIDE, University of Luxembourg

²Department of Sociology, University of Braga, Portugal

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Email addresses:

Michèle Baumann (MB): michele.baumann@uni.lu

Kàtia Lurbe-Puerto (KLP): Katia.lurbe.puerto@gmail .com

Maria-Engracia Leandro (MEL): d801@ics.uminho.pt

Abstract (2.973 characters with spaces)

Two years post-event, we described the survivors' life satisfaction (LS) and Quality of Life (QoL), the LS and QoL of their caregivers, and their socio-demographic and health characteristics. We analysed the survivors' LS and its associations with the above-mentioned determinants from a national (mainly urban society) survey in Luxembourg (LU) and a Bragança district (mainly rural) survey in the Northeast of Portugal (PT).

Methods. Over 18 months, survivors (≥18 years) of a stroke, living at home and having given their informed consent were contacted. The *Inspection Générale de la Sécurité Sociale* of LU and the District Health Centre in PT had previously confirmed all diagnoses and listed the potential participants. Survivors identified their caregivers and both were interviewed, at home, using questionnaires measuring LS (scale 1-10) and two internationally validated QoL scales: the survivors' Newcastle Quality of Life (Newsqol) and the Whoqol-Bref for the caregivers.

Results. The participation rate was 26.5% LU and 38% PT: 94 LU (65.5 years) and 50 PT (70.1 years) survivors; 62 LU (59.3 years) and 46 PT (60.7 years) caregivers. The LU survivors and their caregivers had higher QoL scores than the PT samples. In contrast, the PT survivors were more affected by stroke-related impacts, with significant differences in Newsqol 'mobility' (i.e. walking, managing stairs, bending down, standing), 'self-care' (i.e. preparing food, shopping, using transport, getting washed, getting dressed, and showed), feelings regarding the current situation (i.e. less independence, feelings about oneself, life changes acceptance, depressive mood, feelings of useless, loss of control over their life), and their emotional status (i.e. more emotional, sometimes crying, short-tempered, less tolerant and nervous). Only the PT survivors' LS was linked to the 'current neurological impairment' domains. The LU survivors' LS was associated with all Newsqol dimensions; stronger links ($p < 0.001$) were found in 'feelings' and 'sleep', but no relation existed with the caregivers' Whoqol-bref domains. Difference estimates were obtained between the survivors' LS and the Newsqol 'self-care' dimension (regression coefficient (rc) -0.28 for PT), their caregivers' LS (rc -0.63 for PT) and Whoqol-bref psychological (rc -0.67 for PT), environmental (rc -0.73 for PT), and social relationship (rc -0.91 for PT) domains.

Discussion. Two years post-event, the survivors' multi-dimensional QoL was a more relevant predictor of their LS, than that of their caregivers. LU-PT differences recalled the hypothesis of the cumulative effect throughout life of social inequalities in health and highlighted the distinct impact in survivors' LS of living in an urban society, turned towards community supports or in a rural society based on a domestic care. In home-based care settings, the survivors' LS and Newsqol are useful patient-centred markers for individual and community interventions.